CITY OF LOGANVILLE WATER QUALITY CONTROL DEPARTMENT CUSTOMER ACCOUNT SERVICES

4385 Pecan Street Loganville, Georgia 30052 Telephone: 770.466-1165 Fax: 770-466-9128

REQUEST FOR AUXILARY METER WATER SERVICE

Only the person listed on account must complete form and return in person or by fax to City of Loganville Water Quality Control with a current copy of your Drivers Licenses and copy of invoice from Professional Landscape Company

Date:						
NAME:	ME: Account#:					
SERVICE AI	DDRESS:					
CITY/STATI	E/ZIP:			_		
DAYTIME PHONE: EVENING PHONE:						
Please connec	ct auxiliary w	ater meter on thi	s account on t	he following Day: (cir	cle one)	
Monday	Tuesday	Wednesday	Thursday	Friday		
Requested 7	Γurn ON Da	ate :	_			
PRINT NA	ME:					
SIGNATUI	RE:					

*** All Customers will be required to operate Auxiliary Meter Use according to any water restrictions being implemented.***